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|---|------|----------------------------------|-----------|----------------------|-------|--|-------|
| AIRCRAFT MODIFICATION REQUEST | | | | REQUEST NUMBER OF | | DATE SUBMITTED | |
| FROM | | | CODE | TELEPHONE NUMBER | | AIRCRAFT (TYPE/MODEL/SERIES) | |
| TO | | | MOD TITLE | | | BUNO / MODEX | |
| PROPOSAL ABSTRACT | | | | | | | |
| TECHNICAL POC | | | | CODE | | PHONE | |
| REQUESTED BY | | | | TITLE | | | DATE: |
| ROUTING / REVIEW | | | | | | | |
| REVIEWERS | CODE | SIGNATURE | SAT | UNSAT | DATE: | STRUCTURAL ADEQUACY ANALYSIS REQUIRED FOR MOD APPROVAL? YES <input type="checkbox"/> _____ NO <input type="checkbox"/> INITIAL ANALYSIS MEMO SER. NO. /DATE: _____ | |
| Projects Coordinator | | | | | | | |
| Site Configuration Mgr. | | | | | | | |
| Acft Weight and Balance | | | | | | _____ YES <input type="checkbox"/> _____ ANALYSIS REQUIRED FOR MOD APPROVAL? NO <input type="checkbox"/> INITIAL ANALYSIS MEMO SER. NO. /DATE: _____ | |
| Quality Assurance Officer | | | | | | | |
| Ordnance Officer | | | | | | | |
| | | | | | | EMC/EMI/HERO/SOF YES <input type="checkbox"/> _____ ANALYSIS REQUIRED FOR MOD APPROVAL? NO <input type="checkbox"/> INITIAL ANALYSIS MEMO SER. NO. /DATE: _____ | |
| Electrical Loads Analysis | | | | | | | |
| Mod Coordinator | | | | | | | |
| REVIEWERS' REMARKS | | | | | | | |
| AUTHORIZED TO PROCEED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | MOD APPROVAL AUTHORITY SIGNATURE | | | | DATE: | |
| APPROVERS' REMARKS | | | | | | | |

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|--|--|----------|------------------|----------------------|
| AIRCRAFT MODIFICATION REQUEST | | AIRCRAFT | BUNO | REQUEST NUMBER OF |
| AERONAUTICAL SYSTEMS MODIFICATION DATA - GENERAL DESCRIPTION | | | | |
| DETAIL DESCRIPTION OF AERONAUTICAL SYSTEM MODIFICATION AND EQUIPMENT INSTALLATION | | | JOB ORDER NUMBER | |
| ASSOCIATED DRAWINGS LISTING: | | | | |
| | | | | |

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|---|--|----------------|-----------|--------------------------------|--|
| AIRCRAFT MODIFICATION REQUEST | | AIRCRAFT | BUNO/NALC | REQUEST NUMBER OF | |
| POST-INSTALLATION DEVIATION DESCRIPTION | | | | | |
| | | | | | |
| AMENDMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | | DATE INSTALLED | | QA VERIFIED <i>(Signature)</i> | |
| REMARKS | | | | PRIOR REQ / FLT CLNCS | |

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|---|-------------------------------------|--------------------------------------|-------------------------------------|---|---|
| AIRCRAFT MODIFICATION REQUEST | | AIRCRAFT | BUNO/MODEX | REQUEST NUMBER OF | |
| REMOVE | INSTALL | EQUIPMENT TO BE REMOVED/INSTALLED | | WT. APPROX | CG POSITION IN A/C LONGITUDINAL COORDINATES |
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| PROJECT INSTALLATION WEIGHT AND BALANCE | | | | | |
| | | | | A/C WEIGHING REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| AIRCRAFT/STORE ALLOWABLE CENTER OF GRAVITY (%MAC) | | AS MODIFIED CENTER OF GRAVITY (%MAC) | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| NATOPS CG LIMITS FWD - AFT (%MAC) | TAKEOFF CR CONFIG FULL INTERNAL CG: | | TAKEOFF CR CONFIG FULL INTERNAL CG: | | DATE GENERATED: |
| | TAKEOFF PA CONFIG FULL INTERNAL CG: | | TAKEOFF PA CONFIG FULL INTERNAL CG: | | |
| | LANDING CR CONFIG MIN FUEL CG: | | LANDING CR CONFIG MIN FUEL CG: | | CONFIGS ATTACHED: |
| | LANDING PA CONFIG MIN FUEL CG: | | LANDING PA CONFIG MIN FUEL CG: | | |
| COMPUTED / REVIEWED BY | | CODE | PHONE | DATE | |
| | | | | | |